ARIZONA STATE BOARD OF HEALTH BURBAU OF VICAL STATISFICS  Registered No.  STANDARD CERTIFICATE OF STATISFICS  State Of Worship  District or Throughin  District or Throughin  District or Throughin  Other State  Oth	rangan kanangan dalam kanangan kanangan dalam kanangan kanangan dalam kanangan kanangan kanangan kanangan bera
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City   No.   St.   Ward (1) birth source   Date   If child is not yet named, make   supplemental report, as directed.  3. Sox of Child   To be answered ONLY   St. Twin, triplet or other.   St.   Legitimate?   T. Date   St.   Date   Date	County State Myour
Ward  Street and number)  If child is not yet named, make inpectation of birth.  Worth Full maiden name  (Usual place of abode)  Ward  Street and number)  Street birth of child  Ward  Ward  Street and number  Full maiden name  (Usual place of abode)  Ward  Ward  Ward  Street fill did in the full of child herein  (Years)  15. Residence  (Usual place of abode)  Ward  Ward  Ward  Ward  Street and number  Full maiden name  Ward  The selid is continued in the ward  Ward  Ward  Street fill maiden name  Ward  The selid is continued in the ward  Ward  Ward  Street fill ward  Ward  The selid is continued in the ward  Ward  Ward  Street fill maiden name  Ward  The selid is continued in the ward  Ward  Ward  Street fill ward  Ward  The selid is continued in the ward  Ward  Ward  Street fill  Ward  The selid is continued in the ward  Ward  Ward  Street fill  Street fill  Ward  Ward  The selid is continued in the ward  Ward  Ward  The selid is continued in the ward  Ward  Ward  Street fill  Street fill  Street fill  Ward  Ward  The selid is continued in the ward  Ward  Ward  The selid is continued in the ward  Ward  Ward  The selid is continued in the ward  Ward  Ward  Ward  The selid is continued in the ward  Ward  W	District or Township. or Village.
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3. Says of Child To be answered ONLY 5. Twin, triplet or other. 5. Legitimate? 7. Date of birth. 5. No., in order of birth 6. Legitimate? 7. Date of birth. Month Day. Year Stockher. 8. Full mander name of birth 6. Stockher. 9. Residence (Usual place of abode) 6. Minch Day. Year 15. Residence (Usual place of abode) 7. Age at last birthday 16. Color of the non-resident, give place and state. 16. Color of the non-resident, give place and state. 17. Age at last birthday (Years) 18. Birthplace (city or atate) 19. Occupation Nature of industry 6. State or country 19. Occupation Nature of industry 6. Born alive and now living 19. Occupation 19.	(1) birth occurred in a hospital or institution, give its NAME instead of street and number)
3. Sex of Child To be answered ONLY if twent of plural fine event of plu	2. Full name of child Thursday Ulub [If child is not yet named, make supplemental report, as directed.
8. STHER Full page   Limited   S. No., in order of birth   South   Day, Year    8. STHER Full page   Limited   Limited   South   South	3. Sax of Child   To be answered ONLY   4. Twin, triplet or other
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9. Residence (Usual place of abode)  15. Residence (Usual place of abode)  16. Color of the state of this mother.  (State or country)  17. Age at last birthday  18. Birthplace (city or state)  (State or country)  19. Occupation  Nature of industry  20. Number of children of this mother.  (Case of country)  19. Occupation  Nature of industry  20. Number of children of this mother.  (Case of country)  (Case of country)  (Case of country)  (Case of country)  19. Occupation  Nature of industry  CERTIFICATE OF ATTENDENG PRYSICHMOR MIDWIFE  I hereby certify that I attended the birth of this child, who was a state of country of the father, householder, of the show other evidence, of life after birth.  (Civen man added from a supplemental report.  Month, day, year  Filed.  15. Residence (Usual place of abode)  If non-resident, give pipes and state.  (Suitable of abode)  If non-resident, give pipes and state.  (State or country)  (State or country)  (State or country)  19. Occupation  Nature of industry  21. Were precautions taken gainst ophithalmia menastorum  thalmia menastorum  thalmia menastorum  thalmia menastorum  thalmia menastorum  Address  Address  Address  10. Color of city of and state.  (Vears)  11. Age at last birthday.  (Years)  18. Birthplace (city or state)  (State or country)  (State or country)  19. Occupation  Nature of industry  Address  Address  Address  Nature of industry  Address  Address  Address  19. Address  Address  10. Color of city of and state.  10. Color of city of and state.  11. Age at last birthday.  (Years)  18. Birthplace (city or state)  19. Occupation  Nature of industry  Address  Address  19. Address  10. Color of city of and state.  10. Color of city of and state.  10. Color of city of and state.  11. Age at last birthday.  (Years)  18. Birthplace of abode  19. Occupation  Nature of industry  21. Were precautions taken gainst ophithalm  thalmia menastorum  22. Number of child herein  (Ca) Born alive and now living.  19. Occupation  Nature of industry  22. Were precautions taken ga	Full page 7111 118 118 118 118 118 118 118 118 11
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